



CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF SELECTION SERVICES

DENTAL HYGIENIST, CORRECTIONAL FACILITY

SUPPLEMENTAL APPLICATION EXAMINATION

Please read and follow these instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Dental Hygienist, Correctional Facility with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. If successful, your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as **missing or incomplete information may delay the processing of your examination.**

Candidate's Name: _____

Social Security Number: _____

Address: _____

*****In order to expedite the hiring process your phone numbers are required*****

Telephone Numbers: Home/Cellular: _____

Work Phone Number: _____

I certify that all the statements I have made in this application are true and correct.

Signature

Date

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application along with a standard State Application Form, STD.678 to the address listed below. You may print the State Application (STD 678) from the State Personnel Board's website at www.spb.ca.gov

**MAIL COMPLETED STD. 678 AND SUPPLEMENTAL APPLICATION TO:
California Department of Corrections and Rehabilitation
P.O. Box 942883
Sacramento, CA 94283-0001**

**DENTAL HYGIENIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please clearly indicate below if your experience, education and/or training information meet the minimum qualifications for this exam:

Possession of the legal requirements to practice as a Dental Hygienist as determined by the Committee on Dental Auxiliaries (COMDA) of the Dental Board of California. (Applicants who are in the process of securing approval of their qualifications by COMDA will be admitted to the examination, but they must possess all legal requirements as determined by COMDA before they will be eligible for appointment.)

1. Do you possess a valid license as a Dental Hygienist issued by the Committee on Dental Auxiliaries (COMDA) of the Dental Board of California?

☐ YES - Indicate License Number: _____ Expiration Date: _____

☐ NO

If you answered "NO" to this question, will you be obtaining a California Dental Hygienist License prior to appointment to a Dental Hygienist, CF position?

☐ YES

☐ NO (If you answer NO, your application will not be accepted)

**DENTAL HYGIENIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

	YES	NO
1. Are you willing to treat inmates/youthful offenders in a professional, ethical, and tactful manner?		
2. Are you willing to work around peace officers armed with chemical agents and/or weapons?		
3. Are you willing to abide by and adhere to institutional safety and security policies?		
4. Are you willing to be responsible for the safeguarding of dental instruments and their inventories?		
5. Are you willing to wear protective clothing and apparatus as required?		
6. Are you willing to abide by and adhere to the institutional dress code?		
7. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?		
8. Are you willing to work professionally with individuals from a wide range of cultural backgrounds?		
9. Are you willing to work overtime and on-call hours if required?		
10. Are you willing to comply with tuberculosis screening requirements?		
11. Are you willing to bend, stoop, climb stairs, push, pull, twist, and briskly walk a minimum of 50 yards?		

DEGREES/CERTIFICATES

You may only choose one of the below certifications/licenses:

12. California license as a Dental Hygienist issued by the Committee on Dental Auxiliaries (COMDA).	<input type="checkbox"/>
13. California Dental Hygienist in Extended Functions issued by the COMDA, (e.g., application of local anesthesia, performance of soft tissue curettage, and application of nitrous oxide as a sedative	<input type="checkbox"/>
14. California license as a Registered Dental Hygienist in Alternative Practice	<input type="checkbox"/>

**DENTAL HYGIENIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE

Note to Applicant: Under "Work Experience," for items # 18-33, please respond to the following three (3) categories:

Recent Experience (RE):

- Indicate if you have performed the below tasks within the last 24 months.

Frequency of Task:

- Indicate how often you performed the below tasks (e.g., select one box from "daily, weekly, monthly" column.)

Level of Skill:

- Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)

	RE	FREQUENCY			LEVEL OF SKILL		
	Performed task within the last 24 months	Daily	Weekly	Monthly	Have not performed this task	Performed task before RDH license	Performed task after RDH license
18. Remove all supra-gingival and sub-gingival traces of tartar, plaque and calculus deposits, and stains from the teeth with hand and mechanized instruments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Perform coronal polishing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Expose and process dental radiographs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Administer topical application of fluoride solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Administer prescribed medicaments to sub-gingival tissues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Apply prescribed tooth desensitizing agents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Instruct patients in oral hygiene techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Provide patients with nutritional counseling on dietary control of dental diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Provide instruction in oral hygiene to dental staff responsible for patient's oral hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Obtain and record basic medical histories and information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Conduct examination, including but not limited to periodontal charting, intra and extra-oral examination of soft tissue, classification of occlusion, mouth mirror examination of oral cavity, including charting of obvious lesions, existing restoration and missing teeth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Record evaluation of mouth and oral health conditions on dental chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Remove sutures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Clean, sharpen and sterilize instruments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Maintain a neat, clean and sanitary dental operatory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Properly dispose hazardous and bio-hazardous dental waste materials according to state and federal law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DENTAL HYGIENIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE, CONTINUED

Note to Applicant: Under "Work Experience," for items # 34-46, please respond to the following three (3) categories:

Recent Experience (RE):

- Indicate if you have performed the below tasks within the last 24 months.

Frequency of Task:

- Indicate how often you performed the below tasks (e.g., select one box from "daily, weekly, monthly" column.)

Level of Skill:

- Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)

	RE	FREQUENCY			LEVEL OF SKILL			
		Performed task within the last 24 months	Daily	Weekly	Monthly	Have not performed this task	Performed task before RDH license	Performed task after RDH license
34. Maintain records, prepare reports and compose correspondence relative to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Maintain current knowledge of developments of dental hygienist techniques and technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Maintain current knowledge of California Dental Law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Assure compliance with established policies and procedures within the dental clinic/office/department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Apply topical anesthetic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Administer local anesthetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Take impressions for diagnostic and opposing models.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Place and/or remove post-extraction and periodontal dressing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Polish and contour restorations for preventive purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Place and/or remove temporary sedative dressings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Temporarily cement and remove temporary crowns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Fabricate and size temporary crowns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Place and remove rubber dams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DENTAL HYGIENIST, CORRECTIONAL FACILITY
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Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT ONLY THIS CLASSIFICATION IS NOT USED IN THE YOUTH FACILITIES

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time ☐ (R) Permanent Part-Time ☐ (K) Limited-Term Full-Time ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

NOTE: California State Prison has been abbreviated to "CSP."

☐ (5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.

☐ 7238 UPPER NORTHERN REGION – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

<input type="checkbox"/> 0802 Pelican Bay State Prison Crescent City, Del Norte County	<input type="checkbox"/> 1802 California Correctional Center Susanville, Lassen County	<input type="checkbox"/> 1805 High Desert State Prison Susanville, Lassen County
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☐ 7231 NORTHERN REGION – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

<input type="checkbox"/> 0309 Mule Creek State Prison Ione, Amador County <input type="checkbox"/> 3423 CSP, Sacramento Represa, Sacramento County <input type="checkbox"/> 4804 California Medical Facility Vacaville, Solano County <input type="checkbox"/> 2102 CSP, San Quentin San Quentin, Marin County <input type="checkbox"/> 3400 Headquarters Sacramento, Sacramento County <input type="checkbox"/> 3404 Folsom State Prison Represa, Sacramento County	<input type="checkbox"/> 3417 Richard A. McGee Correctional Training Center, Galt, Sacramento County <input type="checkbox"/> 3901 Deuel Vocational Institution Tracy, San Joaquin County <input type="checkbox"/> 4811 CSP, Solano Vacaville, Solano County <input type="checkbox"/> 5505 Sierra Conservation Center Conservation Camp Facility Jamestown, Tuolumne County
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☐ 7232 CENTRAL REGION – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

<input type="checkbox"/> 1015 Pleasant Valley State Prison Coalinga, Fresno County <input type="checkbox"/> 1513 Wasco State Prison Reception Center, Wasco, Kern County <input type="checkbox"/> 1514 North Kern State Prison Delano, Kern County <input type="checkbox"/> 1522 Kern Valley State Prison Delano, Kern County <input type="checkbox"/> 1605 Avenal State Prison Avenal, Kings County <input type="checkbox"/> 1606 CSP, Corcoran Corcoran, Kings County	<input type="checkbox"/> 2003 Central California Women's Facility Chowchilla, Madera County <input type="checkbox"/> 2004 Valley State Prison for Women Chowchilla, Madera County <input type="checkbox"/> 2701 Correctional Training Facility Soledad, Monterey County <input type="checkbox"/> 2708 Salinas Valley State Prison Soledad, Monterey County <input type="checkbox"/> 4005 California Men's Colony San Luis Obispo, San Luis Obispo County <input type="checkbox"/> 1608 California Substance Abuse Treatment Facility, Corcoran, Kings County
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☐ 7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.

ADULT FACILITIES:

<input type="checkbox"/> 1307 Calipatria State Prison Calipatria, Imperial County (North) <input type="checkbox"/> 1308 Centinela State Prison Imperial, Imperial County (South) <input type="checkbox"/> 1503 California Correctional Institution Tehachapi, Kern County <input type="checkbox"/> 1995 CSP, Los Angeles Lancaster, Los Angeles County <input type="checkbox"/> 3310 California Rehabilitation Center Norco, Riverside County	<input type="checkbox"/> 3313 Chuckawalla Valley State Prison Blythe, Riverside County <input type="checkbox"/> 3329 Ironwood State Prison Blythe, Riverside County <input type="checkbox"/> 3612 California Institution for Men Chino, San Bernardino County <input type="checkbox"/> 3613 California Institution for Women Corona, San Bernardino County <input type="checkbox"/> 3715 R. J. Donovan Correctional Facility at Rock Mountain San Diego, San Diego County
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Please notify CDCR promptly of any address changes or availability for employment at the following address: CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

**DENTAL HYGIENIST, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT THE DENTAL HYGIENIST, CORRECTIONAL FACILITY EXAMINATION?

Check the box that best describes how you found out about the Dental Hygienist, Correctional Facility Examination?

1. How did you hear about the position?

- College Recruitment
- CDCR Employee/Relative
- CDCR Website
- Job Fair/Career Event (California)
- Job Fair/Career Event (Out-side California)
- Advertisement in Magazine/Journal
- Mailer
- Newspaper
- Internet Search (Career Builder, Google, AOL, etc.)
- State Personnel Board (SPB)

2. What was your reason for selecting CDCR as your place of employment?

- Competitive Salary
- Benefits
- Retirement
- Career Challenge
- Gain Experience in a Correctional Setting
- Flexible Shifts
- Opportunity
- All of the above

3. How likely are you to recommend our Department to others?

Not Likely 1 2 3 4 5 Highly Likely